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Christine M. Lhulier

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Carol Reeder (Depositor's name) Carol Reeder (Signature) May 7, 2007 (Date)

Table with 5 columns: APPLICATION NO. (10/688,745), FILING DATE (10/17/2003), FIRST NAMED INVENTOR (Knut Meyer), ATTORNEY DOCKET NO. (CL2314 US NA), CONFIRMATION NO. (3903)

TITLE OF INVENTION: METHOD TO PRODUCE PARA-HYDROXYBENZOIC ACID IN THE STEM TISSUE OF GREEN PLANTS BY USING A TISSUE-SPECIFIC PROMOTER

Table with 7 columns: APPLN. TYPE (nonprovisional), SMALL ENTITY (NO), ISSUE FEE DUE (\$1400), PUBLICATION FEE DUE (\$300), PREV. PAID ISSUE FEE (\$0), TOTAL FEE(S) DUE (\$1700), DATE DUE (05/14/2007)

Table with 3 columns: EXAMINER (FRONDA, CHRISTIAN L), ART UNIT (1652), CLASS-SUBCLASS (435-069100)

05/08/2007 ADDRESS2 00000066 05/14/2007 10588745 01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA

- 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). [ ] Change of correspondence address... [ ] "Fee Address" indication... 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm... 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

E. I. du Pont de Nemours and Company Wilmington, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] Individual [ ] Corporation or other private group entity [ ] Government

- 4a. The following fee(s) are submitted: [x] Issue Fee [ ] Publication Fee [ ] Advance Order - # of Copies 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) [ ] A check is enclosed. [ ] Payment by credit card. Form PTO-2038 is attached. [x] The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1928 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) [ ] a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. [ ] b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Christine Lhulier Typed or printed name Christine Lhulier

Date 5/1/07 Registration No. 54,219

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